

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. *168*

Registered No. *131*

1. PLACE OF BIRTH

County *Gila*

State *Arizona*

District or Township

City *Miami*

No. *408 Orphan St*

St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Anita Camarena*

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

*Mar. 29 - 1928*

8.

FATHER

Full name

*Pasqual Camarena*

14.

MOTHER

Full maiden name

*Claudia De La Torre*

9. Residence

(Usual place of abode)

*Miami -*

15. Residence

(Usual place of abode)

*Miami*

If non-resident, give place and state.

*Arizona -*

If non-resident, give place and state.

*Arizona*

10. Color or race

*Mex -*

11. Age at last birthday *22* (Years)

16. Color or race

*Mex.*

17. Age at last birthday *18* (Years)

12. Birthplace (city or place)

*Tepatitlan, Jalisco*

(State or country)

*Mex -*

18. Birthplace (city or place)

*Guaymas - Son.*

(State or country)

*Mex.*

13. Occupation

Nature of industry

*Miner*

19. Occupation

Nature of industry

*Housewife*

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child).

(a) Born alive and now living *1*

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

*Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

*born alive*

at *10:45*

*A.* m. on the date above stated.

(Born alive or stillborn)

Signature

*Cyril M. Brown M.D.*

*Physician*

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address *Miami, Arizona*

Filed *Apr 11*, 19 *28*

*C. S. Brown*

Registrar

Registrar

*131-329-345*